

FIG. 1

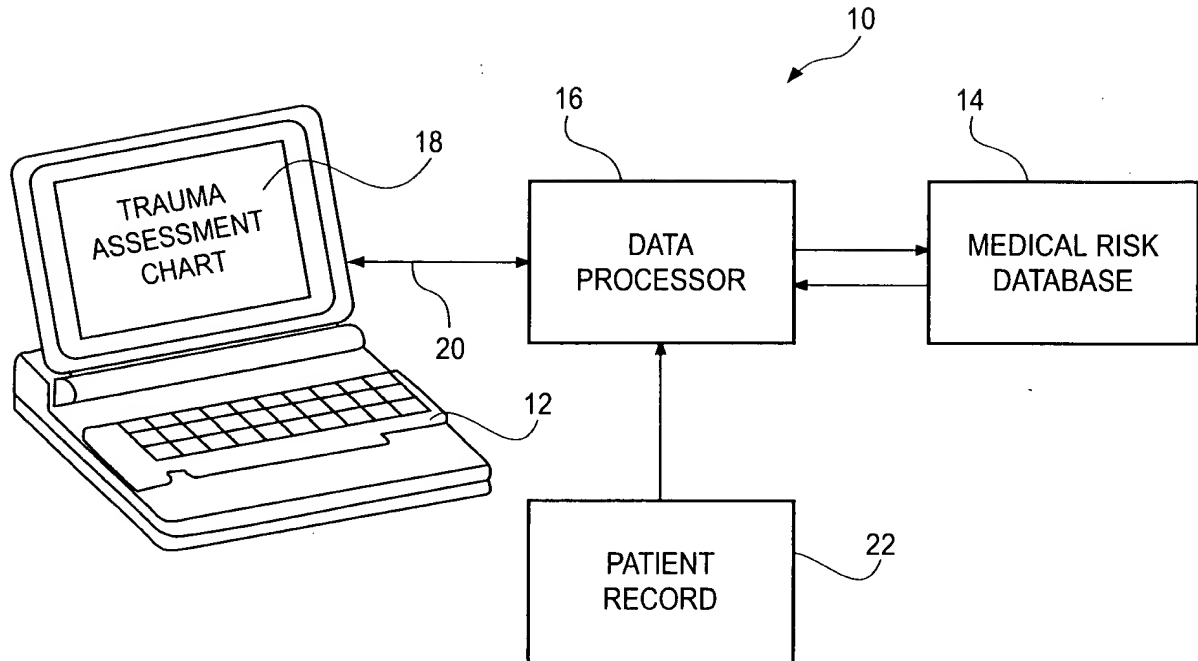


FIG. 2

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<div>Back My Patients Main</div>	
<div> <div>Patient Mary Doe Age F1 Complaint</div> <div>Disposition Home Acuity 1 Comment</div> </div>	
<div>HPI- (HCFA) Level I-III = 1-3 items, Level IV-V = 4 + items</div> <div> </div>	
Chief complaint	<input checked="" type="radio"/> Chest Pain: <input type="radio"/> SOB: <input type="radio"/> Nausea: <input type="radio"/> Vomiting: <input type="radio"/> Diaphoresis: <input type="radio"/> Palpitations: <input type="radio"/> AICD Event: <input checked="" type="radio"/> Patient over 40 years of age?
Time course	<input checked="" type="radio"/> Onset: Sudden <input type="radio"/> Gradual <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Worse/ persistent <input type="checkbox"/> resolved
Location	<input checked="" type="radio"/> <input type="radio"/> No Localizing Sx. <input type="radio"/> Most severe in: <input type="radio"/> Radiation: None <input type="radio"/> To Back
Quality	<input type="checkbox"/> Pressure <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Aching <input type="checkbox"/> Dull <input type="checkbox"/> Burning <input type="checkbox"/> Cramping <input type="checkbox"/> Fullness <input type="checkbox"/> Same as previous episodes.
Associated with:	<input type="checkbox"/> URI <input type="checkbox"/> Cough <input type="checkbox"/> Headache <input type="checkbox"/> Trauma (see notes) <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Other
Severity	<input type="checkbox"/> Maximum severity is <input type="checkbox"/> Current severity is <input type="checkbox"/> Pain Grade:
Exacerbated by:	<input type="checkbox"/> Exercise <input type="checkbox"/> Palpation of chest <input type="checkbox"/> Movement/ walking <input type="checkbox"/> Cough/ deep breath <input type="checkbox"/> Other <input type="checkbox"/> Nothing
Relieved by	<input type="checkbox"/> Nitro: <input type="checkbox"/> Oxygen <input type="checkbox"/> Supine/ upright <input type="checkbox"/> Remaining still <input type="checkbox"/> OTC Medications. <input type="checkbox"/> Food <input type="checkbox"/> Nothing
Risk Factors	<input checked="" type="radio"/> CAD Risk <input type="radio"/> None <input type="radio"/> Known CAD <input type="radio"/> TAD Risk <input type="radio"/> None <input type="radio"/> Hypertension <input type="radio"/> PE Risk <input type="radio"/> None <input type="radio"/> Smoking
Other:	<input type="checkbox"/> E/M caveat
Extra Notes Space (ENS)	<div></div>

FIG. 3

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<div style="display: flex; justify-content: center; gap: 10px;"> Back My Patients Main </div>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Patient</td> <td style="width: 25%;">Mary Doe</td> <td style="width: 15%;">Age</td> <td style="width: 10%;">F1</td> <td style="width: 25%;">Complaint</td> </tr> <tr> <td>Disposition</td> <td>Home</td> <td>Acuity</td> <td>1</td> <td>Comment</td> </tr> </table>		Patient	Mary Doe	Age	F1	Complaint	Disposition	Home	Acuity	1	Comment		
Patient	Mary Doe	Age	F1	Complaint									
Disposition	Home	Acuity	1	Comment									
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1;"> HPI- (HCFA) Level I-III = 1-3 items, Level IV-V = 4 + items </div> <div style="text-align: right;"> </div> </div>													
Chief complaint	<input type="radio"/> Chest Pain: <input type="text"/> <input type="radio"/> SOB: <input type="text"/> <input type="radio"/> Nausea: <input type="text"/> <input type="radio"/> Vomiting: <input type="text"/> <input type="radio"/> Diaphoresis: <input type="text"/> <input type="text"/> Palpitations: <input type="text"/> <input type="text"/> AICD Event: <input type="text"/> <input type="radio"/> Patient over 40 years of age? <input type="text"/>												
Time course	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Onset:</td> <td style="width: 10%; text-align: center;">▲</td> <td style="width: 60%;"></td> </tr> <tr> <td><input type="radio"/> Sudden</td> <td style="text-align: center;">▼</td> <td></td> </tr> <tr> <td><input type="radio"/> Gradual</td> <td></td> <td> <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Worse/ persistent </td> </tr> <tr> <td colspan="3"><input type="checkbox"/> resolved</td> </tr> </table>	Onset:	▲		<input type="radio"/> Sudden	▼		<input type="radio"/> Gradual		<input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Worse/ persistent	<input type="checkbox"/> resolved		
Onset:	▲												
<input type="radio"/> Sudden	▼												
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<input type="checkbox"/> resolved													
Location	<input type="radio"/> <input type="checkbox"/> No Localizing Sx. <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 28 <input type="radio"/> Most severe in: <input type="text"/> </div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">Radiation:</div> <div style="margin-left: 5px;"> 26 ▲ None ▼ 30 To Back 32 </div> </div> <div style="margin-left: 10px;"> 36 34 </div> </div> </div>												
Quality	<input type="checkbox"/> Pressure <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Aching <input type="checkbox"/> Dull <input type="checkbox"/> Burning <input type="checkbox"/> Cramping <input type="checkbox"/> Fullness <input type="checkbox"/> Same as previous episodes.												
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Relieved by	<input type="text"/> Nitro: <input type="text"/> <input type="checkbox"/> Oxygen <input type="checkbox"/> Supine/ upright <input type="checkbox"/> Remaining still <input type="checkbox"/> OTC Medications. <input type="checkbox"/> Food <input type="checkbox"/> Nothing												
Risk Factors	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="radio"/> CAD Risk <input type="radio"/> None <input type="radio"/> Known CAD </div> <div style="text-align: center;"> <input type="radio"/> TAD Risk <input type="radio"/> None <input type="radio"/> Hypertension </div> <div style="text-align: center;"> <input type="radio"/> PE Risk <input type="radio"/> None <input type="radio"/> Smoking </div> </div>												
Other:	<input type="text"/> E/M caveat <input type="text"/>												
Extra Notes Space (ENS)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>												

FIG. 4

Don't Get Burned : 3.5 Pain Radiating to the Back

Recommendation:

Consider the diagnosis of Thoracic Aortic dissection.

- Measure bilateral arm blood pressure, if possible.
- Look at the X-Ray specifically for signs of TAD (e.g. abnormal aortic contour, widening or mediastinum, deviation of the trachea or mainstem bronchi). Document your observations.

*This is offered as a general recommendation, not a standard of care.
Specific management is subject to the facts of a particular patient's
presentation and the individual physician's judgement*

FIG. 5

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<div>Back My Patients Main</div>	
<div> <div>Patient Smith Sammy Age M56 Complaint Chest Pain</div> <div>Source Home Acuity Comment Ready to splint</div> </div>	
<div> <div>HPI- (HCFA) Level I-III = 1-3 items, Level IV-V = 4 + items</div> <div>     </div> </div>	
Chief complaint	<input checked="" type="radio"/> Chest Pain: <input type="radio"/> SOB: <input type="radio"/> Nausea: <input type="radio"/> Vomiting: <input type="radio"/> Diaphoresis: <input type="radio"/> Palpitations: <input type="radio"/> AICD Event: <input type="radio"/> Patient over 40 years of age?
Time course	<input checked="" type="radio"/> Onset: Sudden <input type="radio"/> Gradual <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Worse/ persistent <input type="checkbox"/> resolved
Location	<input checked="" type="radio"/> <input type="radio"/> No Localizing Sx. Most severe in: <input type="radio"/> Radiation: None <input type="radio"/> To Back 
Quality	<input type="checkbox"/> Pressure <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Aching <input type="checkbox"/> Dull <input type="checkbox"/> Burning <input type="checkbox"/> Cramping <input type="checkbox"/> Fullness <input type="checkbox"/> Same as previous episodes.

FIG. 6

<div>Cardiovascular</div> <div> <input checked="" type="radio"/> <input type="radio"/> </div>	<input type="checkbox"/> RRR <input type="checkbox"/> Heart sounds normal <input type="checkbox"/> No extremity edema <input type="checkbox"/> BP in both arms normal <input type="checkbox"/> Heart normal to palpation <input type="checkbox"/> All of the above are	<div>Rhythm: <input type="text"/></div> <div>Heart sounds: <input type="text"/></div> <div>Murmur: <input type="text"/></div> <div>Grade: <input type="text"/></div> <div>Bilat. BP's <input type="text"/></div>
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FIG. 7

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<div>Back My Patients Main</div>	
<div> <div>Patient Smith Sammy Age M56 Complaint Chest Pain</div> <div>Source Home Acuity Comment Ready to splint</div> </div>	
<div> <div>HPI- (HCFA) Level I-III = 1-3 items, Level IV-V = 4 + items</div> <div>     </div> </div>	
Chief complaint	<input checked="" type="radio"/> Chest Pain: <input type="radio"/> SOB: <input type="radio"/> Nausea: <input type="radio"/> Vomiting: <input type="radio"/> Diaphoresis: <input type="radio"/> Palpitations: <input type="radio"/> AICD Event: <input type="radio"/> Patient over 40 years of age?
Time course	<div> <input checked="" type="radio"/> Onset: Sudden <input type="radio"/> Gradual </div> <div> <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent <input type="checkbox"/> Worse/ persistent <input type="checkbox"/> resolved </div>
Location	<input checked="" type="radio"/> <input type="radio"/> No Localizing Sx. Most severe in: <div> <div>Radiation: <input type="radio"/> None <input type="radio"/> To Back</div>  </div>
Quality	<input type="checkbox"/> Pressure <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Aching <input type="checkbox"/> Dull <input type="checkbox"/> Burning <input type="checkbox"/> Cramping <input type="checkbox"/> Fullness <input type="checkbox"/> Same as previous episodes.

FIG. 8

<div>Cardiovascular</div> <div> <input checked="" type="radio"/> <input type="radio"/> </div>	<input type="checkbox"/> RRR <input type="checkbox"/> Heart sounds normal <input type="checkbox"/> No extremity edema <input checked="" type="radio"/> <input type="radio"/> BP in both arms normal <input type="checkbox"/> Heart normal to palpation <input type="checkbox"/> All of the above are	<div> <div>Rhythm: <input type="radio"/> <input type="radio"/></div> <div>Heart sounds: <input type="radio"/></div> <div>Murmur: <input type="radio"/></div> <div>Grade: <input type="radio"/></div> <div> <input checked="" type="radio"/> Bilat. BP's <input type="radio"/> </div> </div>
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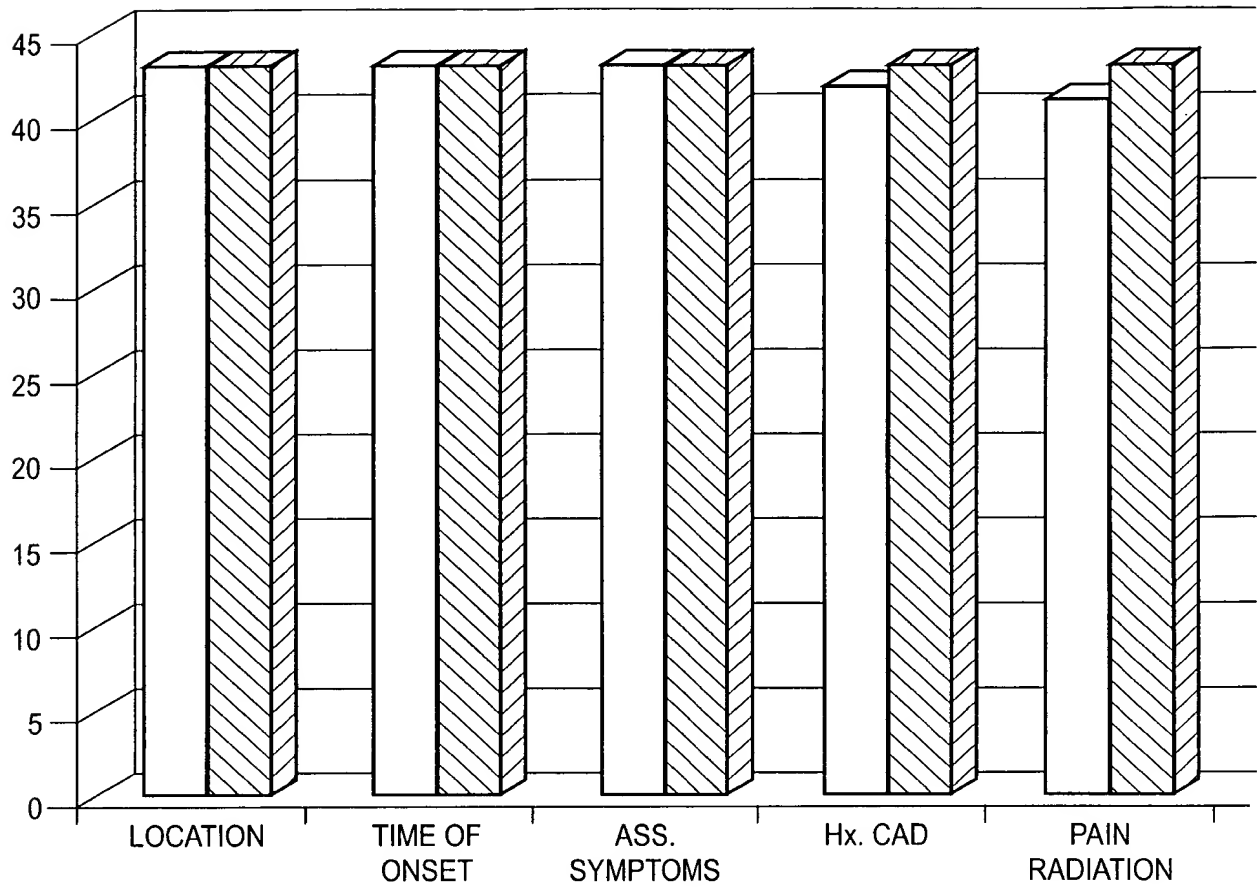
FIG. 9

FIG. 10

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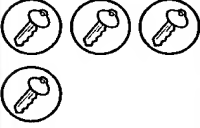










<p>Extremity exam</p> 	<p> <input type="checkbox"/> Normal inspection <input type="checkbox"/> Rot. Cuff nontender <input type="checkbox"/> Biceps nontender <input type="checkbox"/> ROM normal <input type="checkbox"/> Ligaments stable <input type="checkbox"/> AC joint nontender <input type="checkbox"/> No ecchymosis, abrasion or laceration </p> <p> <input type="radio"/>  Axillary Nerve Normal <input type="radio"/>  Capillary Refill Normal <input type="radio"/>  Pulses Intact Distally <input type="radio"/>  Motor Intact Distally <input type="radio"/>  Sensory Intact Distally <input type="checkbox"/> All of the above are normal </p>	<table border="1"> <tr> <td>Echymosis: ▲</td> <td>Tenderness: ▲</td> </tr> <tr> <td>Diffuse</td> <td>Diffuse</td> </tr> <tr> <td>Anterior ▼</td> <td>G-H Joint ▼</td> </tr> </table> <p> <input type="radio"/>  Axillary Nerve Injury <input type="radio"/>  Capillary Refill Delayed <input type="radio"/>  Distal Pulse Abnormality <input type="radio"/>  Motor Abnormality <input type="radio"/>  Sensory Abnormality <input type="checkbox"/> Joint unstable <input type="checkbox"/> Deformity on inspection </p> <table border="1"> <tr> <td>Other: ▲</td> </tr> <tr> <td>Tenting of skin</td> </tr> <tr> <td>Distal pulses poor ▼</td> </tr> </table> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Echymosis: ▲	Tenderness: ▲	Diffuse	Diffuse	Anterior ▼	G-H Joint ▼	Other: ▲	Tenting of skin	Distal pulses poor ▼
Echymosis: ▲	Tenderness: ▲										
Diffuse	Diffuse										
Anterior ▼	G-H Joint ▼										
Other: ▲											
Tenting of skin											
Distal pulses poor ▼											
	<p> <input type="checkbox"/> PERRL <input type="checkbox"/> Sclera not injected </p>	<table border="1"> <tr> <td>Pupils: ▼</td> <td>Sclera: ▼</td> <td>Conjunctiva ▼</td> </tr> </table>	Pupils: ▼	Sclera: ▼	Conjunctiva ▼						
Pupils: ▼	Sclera: ▼	Conjunctiva ▼									

FIG. 11